MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-a)

CERTIFICATE OF DEATH

08638

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Near Oakland, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life Time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland, County: Garrett

City or town: Near Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Alice Friend.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Amos Friend.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 1st, 1865

8. AGE: Years	Months	Days	If less than one day
74	10	22	hrs. min.

9. Birthplace: Garrett County.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER — 12. Name: David Friend.

FATHER — 13. Birthplace: Garrett County, Md.

MOTHER — 14. Maiden name: Catherine Lewis.

MOTHER — 15. Birthplace: Garrett County, Md.

16. Informant: Dexter Friend.

Address: Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 23, 1940 (month) (day) (year)

Cemetery or crematory: Bray Cemetery

Location: Near Oakland, Md.

18. Funeral director: Emroy D. Bolden.

Address: Oakland, Md.

19. August 23/40 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22d, 1940, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 11 1940 to August 11 1940, and that I last saw her alive on Aug. 11 1940.

Immediate cause of death	DURATION
Cardiac failure	
Due to Auricular Fibrillation	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 operations:

20 autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: R. C. Williams
M. D. or other

Address: Oakland Md Date signed: Aug. 22, 1940

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

08639

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Deer Park Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life Time.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Deer Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Christina L. Kreyenbuhl.

3. (b) Social Security Number None.

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Xavier Kreyenbuhl

6(c) If alive, give age: 87 years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 1866

8. AGE: Years: 74 | Months: 0 | Days: 11 | If less than one day: hrs. min.

9. Birthplace: Deer Park Md.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER 12. Name: Joseph Shaffer

13. Birthplace: Germany

MOTHER 14. Maiden name: Christina Yeargon

15. Birthplace: Germany

16. Informant: Leo Kreyenbuhl

Address: Deer Park Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 3. 1940 (month) (day) (year)

Cemetery or crematory: St. Peters Catholic Cem.

Location: Oakland Md

18. Funeral director: Emray D. Bolden

Address: Oakland. Md.

19. Sept 2 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1940, at 1:10 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940, to Aug 31 1940, and that I last saw h- alive on July 25- 1940.

Immediate cause of death: Chronic Myocarditis — DURATION

Due to

Due to

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE M. C. Hunsbaugh M. D. or other

Address Oakland Md. Date signed Aug 31

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

08640

Reg. Dist. No. 16 1

VS A15 (T) PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING (M) (I)

1. PLACE OF DEATH:
County Garrett
City or town Friendsville. Md. Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Friendsville Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rebecca Dininger

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Widowed.

6 (b) Name of husband or wife Samuel Dininger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1852

8. AGE:

Years	Months	Days	If less than one day
88	6	2	hrs. min.

9. Birthplace Crawsville. W.Va. (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER
12. Name William Hayes.
13. Birthplace Md.

MOTHER
14. Maiden name Christina Hayes.
15. Birthplace W.Va.

16. Informant Rhoda Nines
Address Hoyelton. W.Va.

17. (Burial, cremation, or removal) Which? Date thereof 8-8-40 (month) (day) (year)
Cemetery or crematory Chestnut Avenue
Location Hoyelton. W.Va.
18. Funeral director R. F. Collins
Address Terra Alta. W.Va.
19. 5-7 1940 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1940, at 5A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12 1940, to Aug 6 1940, and that I last saw her alive on July 27 1940

Immediate cause of death Coronary Occlusion — DURATION
Due to Arteriosclerosis
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. X. Dines, M.D. M. D. or other
Address Friendsville, Md Date signed Aug 6, 1940

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

08641

Reg. Dist. No. 166

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1918.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Garrett.

City or town: Oakland, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Alder Street.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ella Rose Lohm.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife: G. W. L. Lohm.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 18th, 1857.

8. AGE: Years	Months	Days	If less than one day
83	3	19	hrs. min.

9. Birthplace: Frostburg, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Robert Shaw.

13. Birthplace: Glasco, Scottland.

MOTHER — 14. Maiden name: Anna C. Bosley.

15. Birthplace: Hampshire Co. West Va.

16. Informant: Mr. Lou Lohm.
Address: Oakland, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug. 9th, 1940
(month) (day) (year)

Cemetery or crematory: Oakland Cemetery
Location: Oakland, Md.

18. Funeral director: Emroy D. Bolden.
Address: Oakland, Md.

19. 8/8/40 (Date rec'd by registrar)
Julia Rowan
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 7 1940, at 2:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940, to Aug. 7 1940, and that I last saw her alive on Aug. 7 1940.

Immediate cause of death	DURATION
Bronchopneumonia. Rt.	3 days
Due to Splenomegaly	
Due to Hepatomegaly.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. E. Mauer, M.D.
M. D. or other

Address: Oakland, Md. Date signed: 8-16-40.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

08642

Reg. Dist. No. 172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrette
City or town Kitzmiller
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infants give residence of mother)
State Maryland County Garrette
City or town Kitzmiller Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Main St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine Miller

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Theodore Miller
B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1849

8. AGE: Years	Months	Days	If less than one day
91	10	2	hrs. min.

9. Birthplace Frostburg Md
(Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business Own Home
FATHER 12. Name Henry Smeltz
13. Birthplace Germany
MOTHER 14. Maiden name Mary Batsum
15. Birthplace Germany
18. Informant Mrs Mary E. Kennedy
Address Kitzmiller Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 3/40 (month) (day) (year)
Cemetery or crematory Methben Hill Cem
Location Oak Garden W Va
18. Funeral director William R Right
Address Cumberland Md
19. 8 2 1940 A W Bassel
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1940, at 5.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1940, to August 1 1940, and that I last saw her alive on August 1 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage with left sided paralysis	July 30-40
Due to Hypertension	1930
Due to Arteriosclerosis	1930?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph Caloudella M.D.
M. D. or other
Address Kitzmiller, Md Date signed Aug 6 - 40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-a)

CERTIFICATE OF DEATH

08643

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Rural Near - Deer Park, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ---
Stay in hospital or inst. (yrs., or mos., or days) ----
Stay in this community (yrs., or mos., or days) 16 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Rural Near-Deer Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6 Mi. N W Deer Park, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME Florence Louise (Miller) Miller

3. (b) Social Security Number ----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

8 (b) Name of husband or wife Andrew Thomas Miller
8(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 13, 1894

8. AGE: Years	Months	Days	If less than one day
46	1	-- 29	---hrs. ---min.

8. Birthplace Western port; Alleg. Co., Md. (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home
FATHER 12. Name Henry A. Miller
13. Birthplace Sharon, Pa.
MOTHER 14. Maiden name Mary Nevada Miller
15. Birthplace Western port, Md.
16. Informant Andrew T. Miller
Address Deer Park, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 14, 1940 (month) (day) (year)
Cemetery or crematory Thayerville
Location Route 219 No. Oakland, Md.
18. Funeral director Herbert C. Leighton
Address Oakland, Md.
19. Aug. 13 1940 (Date rec'd by registrar) Julia Recour Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 1940 19 3:00 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to Aug 12 1940, and that I last saw h-- alive on Aug. 9 1940
Immediate cause of death Pernicious Anemia — DURATION 10 yrs.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Dt operations
Dt autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Leading Baumgartner M. D.
M. D. or other
Address Oakland Md Date signed Aug 15-40.

RECEIVED
SEP 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08644

1. PLACE OF DEATH (159)

County Garrett Registration Dist. No. 167

Village or City Kempton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 12 hrs. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mary Raines If U. S. Veteran, specify WAR

(a) Residence: No. Kempton Wa St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 8-26-40

7. AGE Years Months Days If LESS than 1 day, 12 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kempton Md (State or country)

FATHER

13. NAME Ernest G. Raines

14. BIRTHPLACE (city or town) Thomas Wa (State or country)

MOTHER

15. MAIDEN NAME Thelma Virginia Gassaway

16. BIRTHPLACE (city or town) Kempton Md (State or country)

17. INFORMANT Mrs Ira Gassaway Kempton Md (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kempton Md. Date Aug 27, 1940

19. UNDERTAKER Ernest G. Raines acting (Address) Kempton Wa

20. FILED 8-26, 1940 Elmer C. Shaffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8-26, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1940 to 8-26, 1940

I last saw her alive on 8-26, 1940, death is said to have occurred on the date stated above, at 1 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Birth

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward E. Sollars M. D.

(Address) Kempton Wa

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 6 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

08645

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garett
City or town: Rural. Near.Grantsville.Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): I5.Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Garett
City or town: Rural.Near Grantsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2 miles S.W. of Grantsville
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Mary.Elizabeth. Spiker

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Augest.24. I879

8. AGE: Years	Months	Days	If less than one day
6I	----	5	hrs. min.

9. Birthplace: Rural Near Grantsville
(Town, county, and state)

10. Usual occupation: House Keeper

11. Industry or business:

FATHER
12. Name: THomas Spiker
13. Birthplace: Md

MOTHER
14. Maiden name: Anie Elizabeth Mathews
15. Birthplace: Not Knowen

16. Informant: Mrs Gurney Spiker
Address: Grantsyille Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8.3I.I940 (month) (day) (year)
Cemetery or crematory: Grantsville Cemetary
Location: Near Grantsville

18. Funeral director: Wm Winterberg
Address: Grantsville Md

19. 8-30 1940 (Date rec'd by registrar) Clyde F. Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 29 1940, at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 24 1940, to Aug 29 1940 and that I last saw h Sea alive on Aug 24 1940

Immediate cause of death: Chronic Interstitial Nephritis — DURATION: 1 year

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: W. R. Davis M.D. M. D. or other
Address: Grantsville Md Date signed: aug 30

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (49-A)

CERTIFICATE OF DEATH

08646

Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Mountain Lake Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ----
Stay in hospital or inst. (yrs., or mos., or days) -----
Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Mt. Lake Park, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Loch Lynn
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME: Pearl Elizabeth (George) Sweitzer

3. (b) Social Security Number: ----

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George Oliver Sweitzer
6(c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) June 1, 1884
8. AGE: Years 56 Months 2 Days 23 If less than one day ___ hrs. ___ min.
9. Birthplace Swanton; Garrett Co., Md.
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home
FATHER 12. Name Frederick A. George
13. Birthplace England
MOTHER 14. Maiden name Mary E. Brady
15. Birthplace Garrett Co., Md.
16. Informant G. O. Sweitzer
Address Mountain Lake Park, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 25, 1940 (month) (day) (year)
Cemetery or crematory Oakland Cemetery
Location Oakland, Md.
18. Funeral director Herbert C. Leighton
Address Oakland, Md.
19. 8/24/ 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23, 1940 19 8:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1939, to August 23 1940, and that I last saw her alive on August 23 1940.

Immediate cause of death Papillary cystadenoma of left ovary with metastases throughout abdomen — DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Dt operations Papillary cystadenoma of left ovary with abdominal metastases; frozen pelvis
Gt autopsy not done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clift P. Berger M.D.
M. D. or other
Address Oakland, Md Date signed 8-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837)

08647

CERTIFICATE OF DEATH

Reg. Dist. No. 16 b

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Mountain Lake Park,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ---
Stay in hospital or Inst. (yrs., or mos., or days) ---
Stay in this community (yrs., or mos., or days) 32 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Mountain Lake Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ---
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME Margaret Mosser Welch

3. (b) Social Security Number ----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Samuel K. Welch
6(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) March 10, 1859

8. AGE: Years	Months	Days	If less than one day
81	5	--	---hrs. ---min.

9. Birthplace Accident; Garrett Co., Md.
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home
FATHER 12. Name Jonas Mosser
13. Birthplace West Virginia
MOTHER 14. Maiden name Sarah Beachy
15. Birthplace Penna.
16. Informant Norris K. Welch
Address R. D. Oakland, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 12, 1940 (month) (day) (year)
Cemetery or crematory Oakland Cemetery
Location Oakland, Md.
18. Funeral director Herbert C. Leighton
Address Oakland, Md.
19. 8/11/40 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1940 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 10 1940, to Aug 10 1940, and that I last saw h-- alive on Aug 10 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	12 hrs
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. Irvin Baumgartner M.D.
M. D. or other
Address Oakland Md Date signed Aug 15-'40.

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

08648

Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Mountain Lake Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ---
Stay in hospital or inst. (yrs., or mos., or days) -----
Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland. County Garrett
City or town Mt. Lake Park, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Loch Lynn
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ----

3. (a) FULL NAME Walter Benjamine Woods

3. (b) Social Security Number ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth (Mayle) Woods
6(c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1853

8. AGE: Years 86 | Months 11 10 | Days -- 29 | If less than one day ---- hrs. ---- min.

9. Birthplace Garrett Co., Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business mostly Farm

FATHER 12. Name Benjamine Woods

FATHER 13. Birthplace not known

MOTHER 14. Maiden name Sarah Moore

MOTHER 15. Birthplace Deer Park, Md.

16. Informant Sarah Woods
Address Mt. Lake Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 14, 1940 (month) (day) (year)
Cemetery or crematory Wm Sebold Farm
Location 1-1/2 Mi. E. Mt. Lake Park

18. Funeral director Herbert C. Leighton
Address Oakland, Md.

19. 8/17/1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1940 19 6:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 7 1940 to August 11 1940, and that I last saw him alive on August 11 1940.

Immediate cause of death	Acute cardiac failure	DURATION
Due to		
Due to		
Other conditions	Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ---- Date of ----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ----
Means of injury Injured at work?

23. SIGNATURE Clift P. Berger, M.D. M. D. or other
Address Oakland, Md. Date signed 8-15-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.